

**HEAT TRAINING PARTICIPANT SCREENING SHEET**

NAME (LAST, FIRST MI) \_\_\_\_\_ LAST4 SSN: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF LAST PHYSICAL \_\_\_\_\_

TRAINING: INITIAL/REFRESHER \_\_\_\_\_ MEDICAL STATUS (Profiles): \_\_\_\_\_

- |  |   |   |
|--|---|---|
| 1. Have you been physically ill in the last two weeks?   | Y | N |
| 2. Have you taken any medications in the last 24 hours?  | Y | N |
| 3. Are you presently under any medical treatment or (aircrews) have you been medically grounded in the last 30 days?                               | Y | N |
| 4. Have you had any shots or immunizations in the past 12 hours?   | Y | N |
| 5. Have you had any dental work in the past seven days?  | Y | N |
| 6. Have you donated blood in the last seven days?  | Y | N |
| 7. Have you had less than your normal amount of sleep in the last two nights?  | Y | N |
| 8. Have you had any alcohol in the last 12 hours?  | Y | N |
| 9. Have you changed your eating habits in the last 24 hours?   | Y | N |
| 10. Do you have any physical condition which might be aggravated by this training?   | Y | N |
| 11. Have you had any back or joint trouble in the last 30 days?  | Y | N |
| 12. Have you had any head, neck, back, or any major previous bone fracture?  | Y | N |
| a. If so, have you been released for such activity by a Competent Medical Authority?   | Y | N |
| 13. For women: Are you pregnant?   | Y | N |
| 14. Do you have any physical condition not noted above?  | Y | N |
| 15. Have you ever had a traumatic experience in vehicles and/or do you have any fear associated with being in a tactical vehicle, such as a HMMWV? | Y | N |
| 16. Is there any reason why you should not participate in training today?  | Y | N |
| 17. Have you previously requested to drop from any MET/egress training?  | Y | N |

**Note:** If you marked **yes** to any one of these questions, please provide explanation in the section below identifying by number the question to which the reference is made.

**If my medical status should change during this course of training, I will immediately report my status to the Lead HEAT Instructor.**

Print Name: \_\_\_\_\_

\_\_\_\_\_ Date

1SG/CDR Signature: \_\_\_\_\_